



ILLINOIS

DEPARTMENT OF CENTRAL  
MANAGEMENT SERVICES

P.O. Box 19208, Springfield, IL 62794-9208

**STATE EMPLOYEES' DEFERRED COMPENSATION PLAN  
FORM FOR DIRECT ROLLOVER INTO ILLINOIS PLAN**

Please type or print clearly in ink. Initial any corrections, additions, deletions or changes in pen. Complete all sections.  
For more information call the Deferred Compensation Office at 800/442-1300, 217/782-7006 or 800/526-0844.

Last Name	First	Middle Initial	Social Security Number	Date of Birth
Street		City/State		Zip Code
Agency or University		Office Phone Number (    )		Home Phone Number (    )
Work Address				

**SECTION A: PRIOR RETIREMENT PLAN INFORMATION** NOTE: Only pretax amounts can be accepted.

Name of Prior Employer _____	Type of prior plan:
Plan Administrator _____	<input type="checkbox"/> 457 <input type="checkbox"/> 401k
Address of Plan Administrator _____	<input type="checkbox"/> 403b <input type="checkbox"/> Traditional IRA
	Other _____
Contact Person _____	Phone Number _____
Estimated value of transfer \$ _____	

**SECTION B: INVESTMENT REQUEST** - Select one fund or a combination in which to invest your transferred account. **The percentages must total 100% and must be in whole numbers without fractions.** I hereby request that my account transfer be invested in the following manner:

**These funds are one-step options**  
that make it easy for you to invest for retirement. Simply choose the fund with a target date closest to the year in which you plan to retire and your funds will be managed for you.

**T. Rowe Price Retirement Funds:**

- \_\_\_\_\_ % Retirement 2060 Active Trust
- \_\_\_\_\_ % Retirement 2055 Active Trust
- \_\_\_\_\_ % Retirement 2050 Active Trust
- \_\_\_\_\_ % Retirement 2045 Active Trust
- \_\_\_\_\_ % Retirement 2040 Active Trust
- \_\_\_\_\_ % Retirement 2035 Active Trust
- \_\_\_\_\_ % Retirement 2030 Active Trust
- \_\_\_\_\_ % Retirement 2025 Active Trust
- \_\_\_\_\_ % Retirement 2020 Active Trust
- \_\_\_\_\_ % Retirement 2015 Active Trust
- \_\_\_\_\_ % Retirement 2010 Active Trust
- \_\_\_\_\_ % Retirement 2005 Active Trust
- \_\_\_\_\_ % Retirement Balanced Active Trust

**These funds are the options if you want to select your own investment mix.**

- \_\_\_\_\_ % Vanguard Prime Money Market Fund Inst. Shares/VMRXX (money market)
- \_\_\_\_\_ % INVESCO Stable Return Fund (stable value)
- \_\_\_\_\_ % Vanguard Total Bond Market Index Fund/VBTIX (core fixed income)
- \_\_\_\_\_ % T. Rowe Price Bond Trust I (core fixed income)
- \_\_\_\_\_ % Fidelity Puritan Fund/FPURX (U.S. balanced)
- \_\_\_\_\_ % Vanguard Institutional Index Fund/VINIX (large company core)
- \_\_\_\_\_ % LSV Value Equity (large-company value)<sup>TM</sup>
- \_\_\_\_\_ % Wellington Trust Diversified Growth Portfolio (large-company growth)
- \_\_\_\_\_ % Franklin Small Cap Growth Fund, R6/FSMLX (small-company growth)
- \_\_\_\_\_ % Ariel Fund Separate Account (mid-sized company value)
- \_\_\_\_\_ % Invesco International Growth Equity Trust (non-U.S. large company growth)
- \_\_\_\_\_ % William Blair Int'l Small Cap Growth Fund/WISIX (non-U.S. small-co growth)
- \_\_\_\_\_ % Northern Trust ACWI ex US Fund (non-U.S. large company core)
- \_\_\_\_\_ % Northern S&P 400 Index Fund (mid-sized company core)
- \_\_\_\_\_ % Northern Trust Russell 2000 Index Fund (small-company value)

**TO BE COMPLETED BY DEFERRED COMPENSATION STAFF**

Total amount of plan transfer \_\_\_\_\_ Date transfer monies received \_\_\_\_\_ Date invested \_\_\_\_\_

**READ THIS INFORMATION COMPLETELY BEFORE SIGNING**

I hereby acknowledge receipt of a copy of the Plan and agree to the terms and conditions. I hereby acknowledge that I have received and read a prospectus for each mutual fund in which I am investing. I understand and acknowledge that all amounts of compensation deferred pursuant to the Plan and all income attributable to such amounts shall be held in one or more custodial accounts for the exclusive purpose of participants and beneficiaries under the Plan. I understand that participation in the Deferred Compensation Plan is a benefit offered by the State of Illinois. In return for this benefit, I and my heirs, successors and assignees shall hold harmless the State and its employees, officials, agents, assignees and successors from any liability for all acts in good faith.

SIGNATURE X \_\_\_\_\_ DATE \_\_\_\_\_

In compliance with the State and Federal Constitution, the Illinois Human Rights Act, the Americans with Disabilities Act and Section 504 of the Federal Rehabilitation Act, the Department of Central Management Services does not discriminate in employment, contracts, or any other activity.